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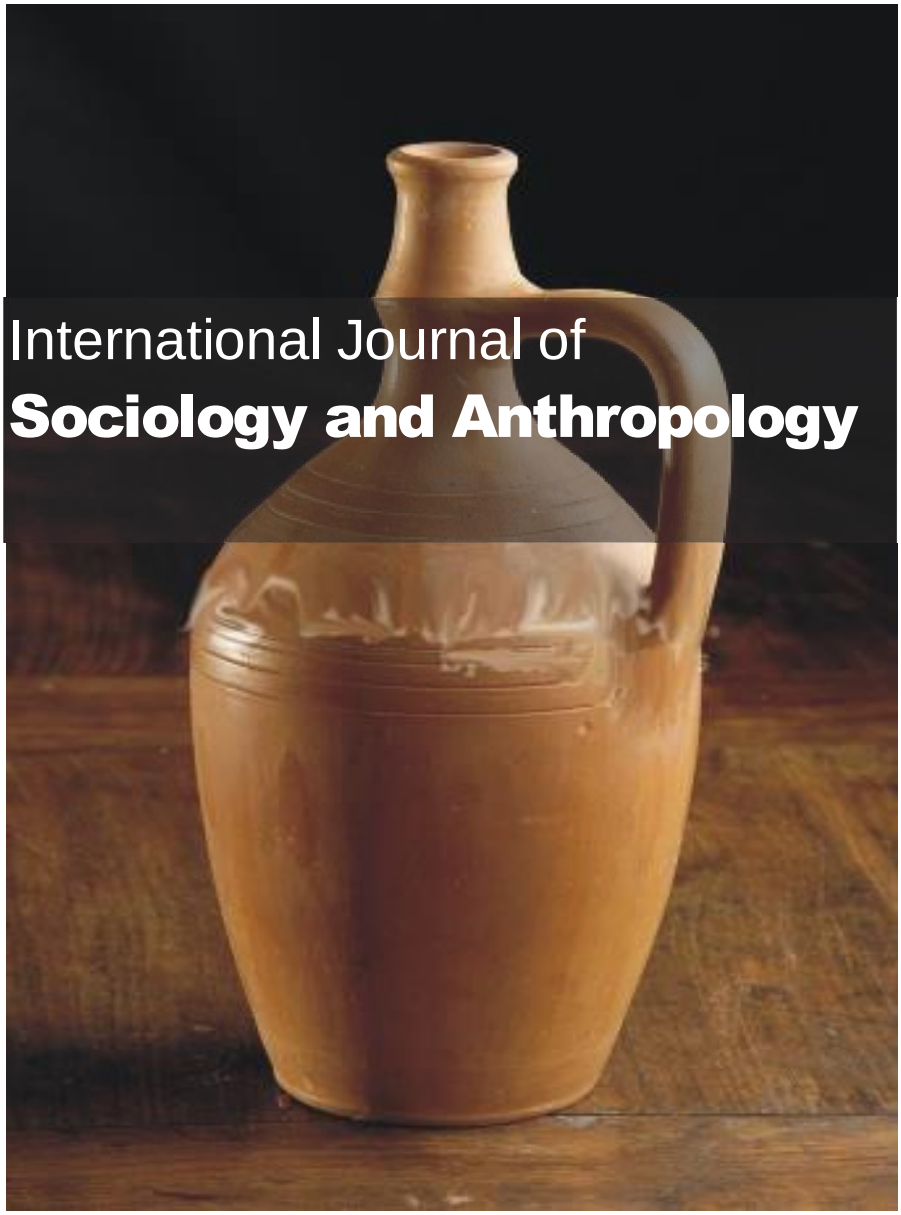

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International Journal of Sociology and Anthropology

Full Length Research Paper

Postpartum consultation attendance at the maternity ward in Sokoura, Côte d'Ivoire

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This study investigates why postpartum women cannot or will not receive postpartum consultations at the maternity ward in Sokoura, Côte d'Ivoire. It aims to present the sociocultural, economic, infrastructural and organisational factors limiting new mothers' access to postpartum care and to suggest ways to encourage them to seek out such care. A qualitative approach was adopted and data was collected from individual interviews with new mothers and midwives. The results have elucidated the factors hindering postpartum consultations at the maternity ward in Sokoura and the broader sociological context in which they need to be assessed. The relevant factors are deficient knowledge about the post-partum period, new mothers' professional obligations, their spouses' limited financial means, the distance of the maternity ward, unfavourable transport conditions, tensions between new mothers and midwives, and inadequate organisation and management of the postpartum consultation services at the maternity ward. These obstacles to postpartum care can be broadly categorised as insufficient education, scarce social support and unfavourable environmental and medical conditions. To remedy these issues, it is necessary to foster community action targeting new mothers and their spouses, to develop midwives' cross-cultural skills, notably their capacity for anthropological observation, and to involve public authorities in the changes.

Key words: Postpartum women, accessibility, postpartum consultations, obstacles, social change, maternal and neonatal health.

INTRODUCTION

Postpartum consultations are an essential aspect of reproductive health. WHO estimates a yearly maternal mortality rate of 289,000 worldwide and a corresponding infant mortality rate of 2.9 million (WHO, 2014). Almost all maternal deaths (99%) are recorded in developing countries, mostly in Sub-Saharan Africa, with almost a third occurring in South Asia (Alkema et al., 2016). In response to this alarming situation, one global strategy aims to redress unequal access to reproductive, maternal and neonatal healthcare services, as well as the variable

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quality of such services (UN, 2015). Despite international efforts, limited access to postpartum consultations is still a major concern in Côte d'Ivoire. According to official data, out of the 64.1% of mothers who had had an assisted delivery in 2018, only 28% received postpartum consultations. In the same year, 753 maternal deaths were routinely recorded, which corresponds to a ratio of 114.2 maternal deaths per 100,000 live births. Furthermore, there were 23,519 stillbirths out of a total of 659,225 births, which is equivalent to 3.7 stillbirths per 100 births in healthcare facilities (MSHP, 2019). Strategies aimed at improving these figures need to ensure high-quality healthcare services at a national level, so that adequate and ultimately optimal care can be provided to parturients and new-borns. The fifth strategic component of the National Health Development Plan for 2016-2020, aimed at improving the health of mothers and children and reducing mortality by 50% by 2020 (MSHP, 2016) represents an official national goal of this kind.

For progress to be made in increasing postpartum consultation rates, several determinants of health, including poverty, geographical distance, lack of awareness, inadequate services, and cultural practices, must be taken into consideration (WHO, 2015). Factors such as these have received scientific attention in previous studies. The most notable ones which have been repeatedly identified by researchers include mothers' age, number of prior births, socioeconomic status, level of education, living environment, beliefs about the post-partum period and postnatal care, and knowledge about maternal morbidity and mortality. For example, Somefun and Ibisomi (2016) argue that compared to primiparas, older women and multiparas are more likely to refrain from postpartum consultations in health centres, having enough experience with childbirth and consequently enough self-confidence to think them unnecessary. Similarly, the analysis carried out by Rwabufigiri et al. (2016) suggests that old age and poverty are significant obstacles to receiving postpartum consultations. Nkurunziza (2014), in turn, affirms that women with little to no education have not yet internalised the preventive rationale behind obstetric care and consequently believe that there is not much to be gained from postpartum consultations, especially in the apparent absence of health problems. Furthermore, Tarekegn et al. (2014) have concluded that women from rural zones, as well as less autonomous ones who are not in charge of their own finances, are particularly disinclined to have recourse to postpartum care. Finally, Zamawe et al. (2015) have established lack of knowledge about postpartum care, the long waiting periods before such care is provided, and the separation of maternal and neonatal care in clinics are among the main factors that deter postpartum women.

This brief overview of some of the literature suffices to reveal that the factors which negatively correlate with seeking postpartum care are manifold. Unfortunately, the analyses of the phenomenon published in the cited studies cannot fully account for the low rates of postpartum consultation attendance or reliably predict any imminent negative consequences thereof. In the region of Gbêkê in Côte d'Ivoire too, a very small proportion of postpartum women is receiving postpartum consultations. Indeed, this region has recorded one of the lowest rates of postpartum consultation attendance in the country, 14.2% below the national target (27%) in 2018 (MSHP, 2019). These figures reflect the precarious and dysfunctional state of the postpartum consultation services at the Sokoura Maternity in particular. This healthcare facility recorded 797 live births between January and September 2020, according to the 2020 activity report of the Northeast Bouaké Health District. Although immediate postpartum care was received in all 797 cases (100%), there were only 200 early postpartum consultations (20%) and 61 late postpartum consultations (8%). It is thus apparent that new mothers are less inclined to seek postpartum consultations at the maternity ward as time goes by after their delivery.

In the study, the reasons for which postpartum women failed to attend postpartum consultations at the Sokoura Maternity in 2020 will be surveyed and possible explanations for their reticence with regard to this service will be considered. Potential strategies for improving this situation will likewise be proposed. The hypothesis that will be adopted here is that social resistance to postpartum consultations is determined by sociocultural, economic, infrastructural and organisational factors, which this study aims to explore in the context of the maternity ward at Sokoura. A socio-anthropological analysis of these obstacles is especially important given that their specificities vary between social groups and geographical areas. It will also be maintained that they require an intervention within a critical anthropological framework, serving to encourage new mothers to seek postpartum consultations, and that a dialectical approach would be especially pertinent.

METHODOLOGY

Scope

The scope of the present study is the maternity ward of the urban health centre in Sokoura, Côte d'Ivoire, which is located in the north-central portion of the country, in a savannah zone. It was chosen for the epidemiological and ethical interest it offers. From an epidemiological point of view, morbidities such as umbilical infections, infantile colic and malaria in both new-borns and parturients were frequently recorded in this healthcare facility, and from an ethical point of view, the low rate of postpartum consultations was remarkable. Research was conducted over a period of two weeks, between the 28th of September and the 9th of October, 2020.

Participants and data collection

The present study is qualitative in character and adopts a descriptive and interpretative approach.

The study population consisted of postpartum women and midwives, selected through consecutive and convenience sampling based on preestablished criteria. In the case of postpartum women, the essential criteria were living within the limits of the healthcare network of Sokoura, which automatically excluded women who resided in other zones and did not necessarily frequent the Sokoura Maternity, and having given birth at most 42 days before participation in the study, to ensure that the information provided would be current. As for the midwives interviewed, they were professional practitioners of mainstream medicine with at least six months of work experience in the maternity ward. They were thus in a position to provide insight into how postpartum consultations are organised and how they proceed. In total, 25 postpartum women and 5 midwives were interviewed, which brings the study population to 30. This sample size was determined based on considerations of data saturation (Pires, 2007) and taking into account the overall rarity of postpartum women matching the selection criteria.

All of the participants were individually interviewed, so that analysable data could be collected (Bonnet, 2009), specifically data corresponding to this study's objective of gaining a deeper understanding of the sociocultural, economic, infrastructural and organisational factors which limit new mothers' access to postpartum care at the Sokoura Maternity. To this end, two interview guides were prepared in advance, one for postpartum women and another for midwives. The former centred on sociocultural, economic and healthcare factors such as primary healthcare needs, access to high-quality healthcare, healthcare costs, awareness of the warning signs of certain morbidities, and financial means, as well as additional factors such as geographical distance from the maternity ward, the time needed to reach it, and means of transport. The latter interview guide was in turn focused on infrastructural and organisational factors relating to the management of postpartum consultations and the services they consist of. Data was collected with verbal informed consent from all of the participants, recorded with a tape recorder and in the form of written notes, and anonymised. All participants were assigned numbers serving to identify them for the purposes of the ensuing analysis.

Data management and analysis

The collected data was manually processed. This involved a transcription of the audio recordings. A thematic content analysis was then performed (Paillé and Mucchielli, 2012), based upon the different sociocultural, economic, infrastructural and organisational elements that had come to light in the interviews, with the purpose of pinpointing the factors which limit postpartum women's access to maternal and neonatal care. The fine-grained interpretation of the data from a dialectical perspective (N'da, 2015) enabled clearer identification of the obstacles that postpartum women face in this regard.

RESULTS AND DISCUSSION

Factors affecting access to postpartum consultations in the Sokoura Maternity

This study revealed a multitude of factors which limit new mothers' access to postpartum consultations in the Sokoura Maternity or deter them from such services. For the purposes of the analysis presented below, they have been roughly grouped into four general categories, namely sociocultural, economic, infrastructural, and organisational factors.

Sociocultural factors

The sociocultural factors which determine the extent to which new mothers can or will seek out postpartum consultations at the Sokoura Maternity mostly consist of beliefs, perceptions and social customs relating to postpartum care. For example, some of the postpartum women viewed postpartum consultations as an acute care service. They therefore refrained from visiting the maternity ward unless they or their new-borns were perceptibly ill, as the following testimony reveals: *"I bring my baby to the maternity ward only when he's sick and needs to be cared for. That aside, I haven't had other appointments since I gave birth."* (mother no. 2). Other women associated postpartum care only with having their new-born's navel tended to and having their perineal dressings cared for, in case they had undergone an episiotomy. One of the women reported: *"They cut me up before I gave birth, so now I go to the maternity ward so they can clean my wound or clean my baby's belly button"* (mother no. 9).

In their study on postpartum consultations in the French department of Rhône, Agnès and Le Goaziou (2006) similarly found that new mothers sought postpartum care for medical problems, including emergencies. The intercurrent pathologies that most frequently motivated their decision to undergo a systematic postpartum check-up included fatigue, pain from their C-section scar and urinary incontinence. Another study by Landge et al. (2017), carried out in Mumbai, India, established that postpartum women refrained from postpartum care because they felt that they did not need it, because they did not have time, or because they were uninformed about postpartum care services. Furthermore, Akibu et al. (2018) state in their study on postpartum care in North Shoa, Ethiopia, that the main raison that women failed to attend their three recommended postpartum consultations was their belief that they were in good health. Workineh and Hailu (2014), in turn, report that in the Jabitena district of Ethiopia, mothers' level of education and their ability to recognize at least one early indicator of a postpartum obstetrical pathology were significantly correlated to their inclination to seek postpartum care. Given this essential role of education in maternal health, Rodrigues et al. (2013), in their work on women's social representation of pregnancy, the postpartum period and educational action in Brazil, proposed educational strategies aimed at deconstructing the traditional conception of reproduction and teaching scientific facts in lieu of traditional beliefs.

The present study also found that some women saw postpartum consultations as an occasion for midwives at the Sokoura Maternity to impose contraceptive methods on them, in order to prevent them from having another

child. One of the women related*: "The day when I gave birth, the midwife talked to me about an injection and a pill that women take so they won't conceive again for some time. So if I go back there, she's going to give me an injection so I won't have another child."* (mother no. 14). This is another unfavourable association which predisposed postpartum women to refrain from seeking postpartum consultations at the Sokoura Maternity. On this subject, Robin et al. (2008) emphasised that it is essential for postpartum women to have access to postpartum contraception. They suggest that every postpartum woman, if she so wishes, should be prescribed effective contraceptives before being discharged from the maternity ward, within an appropriate time frame to prevent an unwanted, immediately succeeding pregnancy. However, postpartum contraception is not always a priority for healthcare staff, as Fatima et al. (2018) showed in the context of Bangladesh, where religious convictions deter women from using contraceptives following childbirth and where women and their family members are often insufficiently informed. Furthermore, Mon et al. (2018) pointed out that in Myanmar, misconceptions regarding postpartum and postnatal care services are a significant obstacle to using them optimally. The same conclusion has been reached by Dapaah and Nachinaab (2019), who revealed that sociocultural factors such as age, faith, traditional belief systems, level of education, and marital status affect women's tendency to seek maternal health services in the postpartum period in the Talensi district of Ghana. Additionally, in their study carried out in Melbourne, Australia, McCallum et al. (2011) ascertained that use of postpartum care services was more frequent among mothers with mental health issues and those with unsettled infants that were prone to persistent crying, displayed a resistance to soothing and suffered from poor sleep.

In addition to the perceptions of postpartum care explained and illustrated above, certain social practices constitute an additional hindrance preventing new mothers from seeking postpartum consultations for themselves or their new-borns. Indeed, the community imposes many restrictions on new mothers and new-borns, which are intended to ensure their well-being. One such restriction is the postpartum confinement of new mothers and their new-borns to their home for several days, during which the mother enjoys full rest and receives highly important visits from guests bearing bountiful gifts, as one of the interviewed women explained: *"When a woman gives birth, she must not go out because guests come with presents and the baby's future depends on the aura of some of these people. If the baby is not there when they arrive, bad luck will follow him."* (mother no. 1). This domestic confinement also serves to shield the mother and her newborn from malevolent individuals who are perceived as a threat to their health or their lives. In this function, it is regarded as an indispensable preventive measure. It was brought up by some of the interviewed mothers, who explained that for the first seven days of its life, the newborn must not be seen by certain individuals. One mother clarified: *"Before the baby is ready to go out, my husband and some other people cannot see him, otherwise his head will crack. This means that I can't go to the hospital with him. For me too, this is a time when I'm not supposed to spend too much time outdoors"* (mother no. 12).

Besides these perceived risks, a mother and her new-born's emergence from domestic confinement must be preceded by appropriate rituals, as some of the interviewed women mentioned. Before these rituals have been completed, the mothers do not allow themselves to visit the maternity ward. In the words of one of the mothers: *"Before my baby leaves the house for the first time, preparations need to be made. An animal is burned, the baby's hair is combed, and he's given a name. Without this, neither the baby nor the mother can leave their home, even if there's an emergency."* (mother no. 6). Chasles (2009) discusses comparable practices in the context of rural India, where new mothers must submit to constraints such as isolation and dietary restrictions for their purification; only then can they can resume their day-to-day lives in the community without potentially contaminating it. Additionally, White et al. (2014) established that in Mali, seeking postpartum care services is conditioned by prior observance of traditional practices and the approval of postpartum women's mothers-in-law. Lastly, Alemayeh et al. (2014) concluded from their research in Abiy Addi, Ethiopia, that educating mothers about the importance of postpartum care is crucial to increasing the use of postpartum care services, and Bayot (2019) states that greater awareness of the specificities of the postpartum period would enable women to be better cared for and supported.

The cited literature and extracts from the interviews presented so far clearly show that beliefs and social practices prevent or deter new mothers from seeking postnatal consultations, at the Sokoura Maternity and across the globe. Such sociocultural factors play a different role than the economic ones examined below.

Economic factors

The economic factors influencing new mothers' ability or willingness to receive postpartum consultations were their household chores, their professional obligations and their spouses' financial means. Regarding the former, many of the interviewed mothers lamented that in addition to caring for and breastfeeding their infant, they had to continue keeping up the household by performing chores and feeding, nursing, and educating other members of their families. With so many duties, they found it difficult to attend postpartum consultations. One mother reported:

"with all the work around the house, we do not have time to go to the maternity ward, or we are too tired to do so" (mother no. 16). In his doctoral dissertation on maternal

healthcare in Mali, Cisse (2018) similarly finds that women's freedom to seek maternal healthcare services is restricted by their families' chronic poverty and their own limited autonomy. It is noteworthy that the interviewed mothers who worked as saleswomen were even less available for postpartum consultations. They had to resume their commercial activities as soon as possible in order to not default on their credits. One mother stated: *"If my newborn is not sick, I do not go to the hospital. I go the marketplace to sell instead, so that I can pay off my credit."* (mother no. 19). Additionally, some of the mothers had to return to work in the early postpartum partum period before their merchandise spoiled, as the following testimony clarifies: *"I go back to work soon after giving birth because if I'm all alone and I do not go to the marketplace to sell my merchandise, it'll go bad."* (mother no. 25). This situation is reminiscent of the one observed by Tesfahun et al. (2004) in the Gondar Zuria district of Ethiopia, where the most commonly cited reasons for not using postpartum care services were a shortage of time, the geographical distance of healthcare providers, a lack of childminders, and a simple unavailability of such services.

The limited financial means of the mothers' spouses also account for the low rates of postpartum consultation attendance at the Sokoura Maternity, since their spouses were the ones who generally motivated them to seek out postpartum consultations as long as they could afford it. One mother revealed: *"My husband is the one who buys the medication that I take. If he doesn't have enough money, I can't have postpartum consultations."* (mother no. 23). Even for the mothers who enjoyed professional stability themselves, obtaining postpartum care and advice at the maternity ward could prove to be a financial burden, as well as an administrative one. As one mother put it: *"It takes a lot of effort and courage to buy medication, get a check-up and ask for medical care in general after you've given birth. With my baby, I have to go through a procedure at the insurance company so that I can pay for our medical needs."* (mother no. 21). One can consequently surmise that there is a significant correlation between families' monthly income and the use of postpartum care services (Wudineh et al., 2018). It should be evident by this point that economic factors too can prevent new mothers from seeking postpartum consultations, including at the Sokoura Maternity. Sharma et al. (2014) underscored that in order to encourage greater use of postpartum care services, improving mothers' economic status, educating them, and increasing their autonomy so that they can make decisions independently are essential measures.

The relevance of infrastructural factors to postpartum consultation attendance at the Sokoura Maternity will subsequently be presented in the study.

Infrastructural factors

The infrastructural factors that the present study identified involve the physical distance of the Sokoura Maternity, the means of transport used by the mothers, and the physical condition of the roads. Specifically, some of the mothers resided far away from the maternity ward, the means of transport which they used were rarely available or even exposed them to the risk of road accidents, and the roads themselves were sometimes in a state of disrepair and difficult to traverse. One mother summarised this state of affairs as follows: *"To get to the maternity ward after having a baby, you have to go on foot or take a motorcycle taxi with your baby, but the road is in poor condition. It's extremely dangerous because people drive recklessly around here. That's why mothers prefer to buy medicine from midwives from their neighbourhood when they need to protect themselves or their babies from illnesses. That's why we're not interested in hospital medication and care when we have a baby."* (mother no. 7). Similar data is reported by Hordofa et al. (2015) for Dembecha, North-western Ethiopia, where transport problems and the remoteness of healthcare facilities were likewise sufficiently grave impediments to prevent the use of postpartum care services. Along the same lines, Gebrehiwot et al. (2020) have determined that geographical distance is a significant factor hindering use of postpartum care services in Adigrat, northern Ethiopia.

Finally, there are organisational factors which influence postpartum women's decision to seek postpartum consultations, which will be discussed next.

Organisational factors

The organisational factors are the inadequacies that can be noted at the level of the organisation and management of the postpartum consultations at the Sokoura Maternity, which are compounded by interpersonal issues between midwives and postpartum women. On the whole, midwives who provide postpartum care were not held in a particularly high regard. Some of the interviewed mothers expressed a preference for older midwives when seeking postpartum care. One mother justified her attitude as follows: *"When the midwife is older, I'm happy to receive postpartum consultations from her. If you're attended to by a younger midwife, it's hard to trust her and place yourself in her hands."* (mother no. 15). Furthermore, the indelicate and unwelcoming demeanour which some of the midwives displayed when receiving or counselling new mothers made the latter averse to the postpartum services offered by the maternity ward. Some of the midwives' improper remarks were perceived as outrightly contemptuous. In this regard, one of the mothers stated: *"When you go to the maternity ward after having a baby, not all of the midwives are welcoming. Some treat us very poorly. They might not even say hello and they often show no consideration for us. One time I was next in line on the bench but the midwife skipped me to attend to the next woman. My postpartum consultation was automatically cancelled."* (mother no. 5). Razurel et al.

(2010) noted that such issues are a source of disappointment for mothers in the early postpartum period, who expect emotional support and respect. The long delays before the provision of postpartum care or consultations at the Sokoura Maternity were also remarked upon by the interviewed mothers, for instance, in the following comment: *"Some of the midwives dally before getting to work. Even when they're serving you, they're flippant and chat with their co-workers. This discourages us from coming for postpartum consultations. At home, everyone waits hand and foot on a new mother."* (mother no. 10). On this subject, Elkhoudri and Baali (2007) finds that in Morocco too, unmannerly treatment at the hands of healthcare staff is an important factor discouraging postpartum consultation attendance.

Besides these hostile relations with some of the midwives, certain mothers were deterred from postpartum consultations by organisational and infrastructural deficits within the Sokoura Maternity, such as the shortage of consultation rooms and beds for inpatients. In fact, the room used for postpartum consultations was also used for family planning, as one of the interviewed mothers reported: *"Postpartum care and consultations take place in the same room as family planning sessions. If there is need for hospitalisation, postpartum mothers share the rooms and beds."* (midwife no. 3). Not only was there no separate consultation room, the room where ultrasound scans are performed was overly crowded. One of the midwives revealed that: *"mothers sometimes come with their babies because of an issue which requires an ultrasound scan, but when the scan is offered to them, they do not come back because there are too many people in the room."* (midwife no. 5). Assarag et al. (2014) have described a similar situation in Skhirat-Témara, Morocco, where in addition to long waiting hours, healthcare staff's comportment, and the way postpartum consultations were conducted, the absence of continuous training and supervision for healthcare staff as well as excessive workloads contributed to the poor quality of the postpartum consultations and thus discouraged postpartum women from attending. It should also be noted that the lack of space at the Sokoura Maternity was compounded by the deficient or altogether lacking medical equipment and supplies. One of the midwives reported: *"We are a peripheral facility and we are unable to perform some emergency care procedures. Equipment and supplies such as oxygen and electric aspirators are not within our reach, and the blood pressure monitor and scales are in poor condition."* (midwife no. 1). These deficiencies can be likened to those identified by Singh et al. (2014) in India, where the availability of proper healthcare infrastructure negatively influenced the rate of use of postpartum care services.

Now that the various sociocultural, economic, infrastructural and organisational factors which consistently prevent or deter new mothers from seeking postpartum consultations at the Sokoura Maternity have been examined, a discussion of the underlying sociological context of the observed state of affairs is in order.

Sociological context of the factors affecting postpartum consultation attendance at the Sokoura Maternity

Analysis of the empirical data collected in this study reveals that lack of education constitutes a major cultural obstacle to receiving postpartum consultations at the Sokoura Maternity. Local women's understanding of the postpartum period and the norms and practices attached to it are contrary to the facts of reproductive health and official policies regarding it. Thus, the interviewed mothers failed to appreciate that postpartum consultations serve to prevent maternal and neonatal morbidities and complications or detect them early on so that timely treatment can be started, in addition to being an opportunity to offer mothers advice regarding family planning, vaccinations, breastfeeding, and weighing their new-born. Instead, their behaviour in the postpartum period was guided by religious or mystical beliefs, as well as principles from traditional African medicine, and they were afraid of deviating from the long-rooted cultural norms of their community. This phenomenon has been noted by Kouanda et al. (2007), who highlighted the importance of persistent cultural practices related to childbirth as factors which deter mothers from seeking out postpartum consultations. The cited authors report that postpartum women provide reasons for refraining from the latter which range from lack of information to forgetfulness or lack of interest, since they already enjoy traditional care at home once they are discharged from the maternity ward. Similarly, Zaouaq (2017) pointed out that low levels of education among women, their lack of awareness regarding the postpartum period, and the burden of the patriarchal culture and social structure have fundamental implications for the extent to which they seek out reproductive health services. Sebbani et al. (2016), in turn, highlight ignorance of possible complications as a key factor in mothers' avoidance of postpartum consultations. The precarious social and community support offered to postpartum women in Sokoura is an additional obstacle preventing them from receiving postpartum consultations. As explained above, new mothers' professional and domestic workload is not lightened after childbirth. Consequently, the interviewed mothers were hardly in a position to seek out postpartum consultations. They were further hindered by their spouses' meagre income, considering that postpartum care is quite expensive. All of these factors dictate individual women's behaviour during the postpartum period and impact postpartum consultation attendance rates. On this subject, Rinfret (2007) underscores that mothers from traditional communities need continuous family care during the postpartum period, more than their spouses can provide on their own. She argues that reinforcing community support is therefore essential.

Along the same lines, Bayot (2018) points out that a postpartum woman is always surrounded by friends and family, who are there for her for better or for worse.

The present study has also brought to light infrastructural and organisational obstacles which prevent postpartum women from seeking postpartum consultations at the Sokoura Maternity. Above all, their physical access to the maternity ward is limited by the poor maintenance of much of the road network. The primary means of transport at their disposition is the motorcycle, but many of the mothers do not see it in a good light. This decreases the likelihood of their seeking postpartum consultations for themselves or their new-borns if they live in more remote parts of Sokoura. These findings concur with those of Messi and Yaye (2017), who indicate that difficulties related to transport and the geographical distance between patients' place of residence and the nearest healthcare facility significantly impede access to the latter. In the context of the present study, they hinder the treatment of postpartum women and the satisfaction of their healthcare needs.

Finally, the relationship between postpartum women and medical staff and the limited facilities of the maternity ward compromise postpartum and postnatal care. The conditions at the maternity ward are on the whole highly unfavourable, as evidenced by the lack of a designated postpartum consultation room and medical supplies. These deficiencies inevitably contribute to the tension between mothers and midwives, causing the former to avoid postpartum consultations and leading to discontent on both sides. In their study on postpartum consultation in northern Benin, Ogoudjobi et al. (2016) have similarly noted that the poor organisation of the service, the shortage of rooms and the unavailability of other medical services such as vaccination negatively impact attendance rates. Additionally, Hatem et al. (2018) have shown that in Guinea-Conakry and Togo, healthcare providers' skills and the duration and continuity of the postpartum services they provide are unsatisfactory. They therefore advocate further training for healthcare providers and the adoption of norms regarding their professional duties and their work conditions which would improve the quality of the care provided to postpartum women and new-borns in maternity wards in the two aforementioned countries.

The underlying educational, social, and infrastructural issues discussed above are all responsible to varying degrees for the low rates of postpartum consultation attendance in Sokoura. It is necessary to implement measures that would address these factors, encourage new mothers to seek out postpartum consultations more often, and thus improve the current state of affairs.

Further sociological perspectives and potential avenues for improvement

The discussion so far has highlighted three general categories of underlying sociological issues relevant to postpartum consultations, namely educational, social and infrastructural ones. The educational issues boil down to ethnological and medical ignorance. In particular, there is a significant rift between the way postpartum women on the one hand and biomedical sciences on the other conceive the postpartum period. Yet in the current state of affairs, postpartum consultations, as well as family planning sessions, fail to take into account postpartum women's misconceptions about the postpartum period and the potentially dangerous cultural practices they observe. To remedy this situation, it is necessary to educate both postpartum women and midwives. As regards the former, they need to learn about preventive measures relevant to the postpartum period and make efforts to understand the basic biomedical reasoning behind them. In this way, they could come to appreciate the role of postpartum consultations and to view them as a source of further information and training. They would then be more inclined to seek out postpartum consultations as well as postpartum and postnatal care in general. This applies to the Sokoura Maternity and elsewhere too. As for midwives, they need to learn to understand postpartum women better and take into account the diversity of their cultural perceptions of pregnancy, childbirth and the postpartum period, as well as the attitudes and behaviours that stem from such perceptions. This awareness would enable them to counsel postpartum women in a less prejudiced manner and adapt to their needs and expectations. As a result, postpartum women would be less likely to avoid postpartum consultations at the Sokoura Maternity.

The underlying social issue, in turn, is the lack of social support offered to postpartum women. Specifically, postpartum women and their spouses do not receive enough attention and assistance from their community in Sokoura, which makes it difficult for postpartum women to attend postpartum consultations. Further social integration of postpartum women and their spouses is therefore imperative. Without social cohesion between peers, there can be no social interactions which could enable or encourage new mothers to seek out postpartum consultations. Postpartum women and their spouses themselves must facilitate their social integration by observing the social dynamics within their community more closely, both between peers and more generally, and by reacting to it accordingly. The relationships which they could forge or consolidate in this way could ultimately help postpartum women to attend postpartum consultations and their spouses to deal with their increased expenses following the birth of their child.

Finally, there are underlying problems at the level of transport to the maternity ward and the facilities available at the latter, which require institutional intervention. As explained above, the means of transport which could take postpartum women and their new-borns to the maternity ward are unsafe, and the lack of equipment and supplies at the maternity ward render quality postpartum care

impossible. The conditions are unfavourable from the point of view of both postpartum women and the midwives working at the maternity ward, and they have a negative impact on postpartum consultation attendance rates. It is essential for public authorities to set aside adequate resources for repairing the roads and equipping and supplying the Sokoura Maternity, with the purpose of improving its accessibility and the quality of the postpartum consultations. Finally, it should be emphasised that midwives must desist from value judgments regardless of postpartum women's level of education, physical appearance and ways of expressing their emotions, including their possible anguish. They must remain composed, heedful and objective at all times in order to gain postpartum women's trust. This would lead to increased satisfaction on both sides during postpartum consultations and care in general at the Sokoura Maternity.

Conclusion

This study has shown that postpartum women's ability or willingness to receive postpartum consultations at the Sokoura Maternity is negatively affected by multiple sociocultural, economic, infrastructural and organisational factors. In particular, postpartum women have divergent and uninformed perceptions of the postpartum period, they are overwhelmed by domestic and professional obligations, their spouses sometimes lack the financial means to cover the costs of postpartum consultations, the maternity ward is too far away from some mothers' place of residence, the availability of means of transport is limited, the quality of much of the road network is unsatisfactory, the interpersonal relations between midwives and postpartum women are sometimes tense, and the postpartum consultations themselves are poorly managed and executed. A sociological analysis has highlighted three main categories of underlying issues: educational, social, and infrastructural ones. They cannot be apprehended fully without regard for the sociocultural and socioeconomic reality in which they exist. Human behaviour is also an essential factor which must be taken into account.

For appropriate and effective long-term solutions which would increase the postpartum consultation attendance rate at the Sokoura Maternity, social and institutional action is needed. First of all, it is necessary to raise awareness within the community and change the way postpartum women and their spouses are treated. Communication with them must have realistic goals and be adapted to their sociocultural reality. The involvement of the whole community is necessary to ensure that the social change in progress does not come to a standstill and to combat individual resistance to change. Secondly, midwives' cross-cultural knowledge and skills must be reinforced so that they can treat postpartum women more appropriately and satisfy their expectations. Increasing their capacity for anthropological observation would be especially effective in the present context. Lastly, petitions and efficient community action could urge public authorities to get involved and improve the road network, the means of transport and the maternity ward itself. All of the solutions proposed here have the common fundamental goal of protecting the health of mothers and their children.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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Exploring causes and consequences of squatter settlement in Jimma Town, Oromia Regional State, Ethiopia

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This study conducted on the area of squatter settlement in Jimma town is aimed to explore the socio-economic factors contributing to squatter settlement and its effect on social, economic and institutional conditions of settler and development of the town. The study was guided by qualitative approach and employed a cross-sectional and phenomenological design. The primary data required for the analysis was collected through key informant interview, focus group discussion, non-participant observation as well as secondary data from document and analyzed by thematic analysis. The finding of this study revealed that, the root cause identified for squatter settlement are shortage of residential house and its consequential high price of house rent, the need of holding large plot of land and inefficient land administration system. The other finding indicated that, squatter settlement has negative impact on both the government and the squatter. It created fear and lack of confidence on the land they hold illegally, poor infrastructure due to lack of government intervention and low social service delivery, social distress within the community. The study also found out that squatting displaces the host ex-farmers from their farmland and leads to consequent poverty and livelihood disasters. It is recommended that, political will in accessing residential land and financial commitment of the government is required. Active participation of the public and abiding legal procedures of getting residential land is vital.

Key words: Informal, misery, squatter, settlement, slum.

INTRODUCTION

It is widely and increasingly accepted that urbanization is an inevitable phenomenon. In developed countries of Europe and North America, urbanization has been a consequence of industrialization and has been associated with economic development. By contrast, in developing countries of Latin America, Africa and Asia, urbanization has occurred as a result of high natural urban population increase and massive rural-to-urban migration. The rapid rates of urbanization and unplanned expansion of cities have resulted in several negative consequences, particularly in developing countries (Elfarnouk, 2015).

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Most cities in developing countries are expanding horizontally and the population is moving to unplanned settlements on the peripheries at the expense of agricultural lands and areas of natural beauty (Desalew, 2015). Such settlements produced new peripheral spaces throughout the world, on the margins of national states and of urban territories. Among these sites, refugee camps, slums, squatter settlements, resettled enclaves and so forth are the common ones (Toffin, 2010). It is also believed that the appearance of informal settlements such as slums and squatter settlements in developing countries came as a result of failure of how to deal with the phenomenon of rapid urbanization. Indeed, squatter settlements are among the most widespread impacts of urbanization in both the poor and wealthy world (Elfarnouk, 2015; Minwuyelet, 2005; Sietchiping, 2005).

Informal settlements (often referred to as squatter settlements, slum areas, or shanty towns) are dense settlements comprising communities housed in self-constructed shelters under conditions of informal or traditional land tenure. They are common features in developing countries and are typically the product of an urgent need for shelter to the urban poor (Desalew, 2015; UN-Hbaitat, 2015). These settlements usually would not have access to public utilities and social services. Informal settlements occur when land administration and planning fails to address the needs of the whole community (Adiukwu, 2014; Hurskainen, 2004; Mohammed and Mohammed, 2006).

According to UN- Habitat report in 2015, in Africa, over half of the urban population (61.7%) lives in informal settlement area and by 2050, Africa's urban dwellers are projected to have increased from 400 million to 1.2 billion. Urban centers in Ethiopia are characterized by massive housing problem and around 70-90% of urban population are living in sub-standard housing, low economic activities, and inadequate upgrading with fast growth of population of 4% per annum (UN habitat, 2018). Such fast growing of the town and population creates shortage of residential homes and increasing house rents in the urban dwellers. Following this, informal purchasing of land plots and grabbing open space from the periphery for the construction of residential homes (squatter settlement) are considered as solution for the housing problem of dwellers (Degu et al., 2015; Mostafa, 2009).

Overview of squatter settlement in Jimma town

Jimma is the biggest town in SouthWestern Ethiopia located in Oromia National Regional State at a distance of 346 Km from Addis Ababa. The present town was developed on the Awetu River by the Italian colonial regime in 1930s and as a center of market for the collection, organization and export of a cash crop. The town evolved as a hometown of the Kingdom of Abba Jifar I (1830-1855) with relatively homogenous society and culture. It gradually developed to a place of residence for a diverse and increasingly cosmopolitan population. The period of Italian occupation (1936-1941) was socially and economically significant because it saw the first major influx of people into the town of Jimma from beyond the borders of the former Kingdom of Jimma. In general, both the urbanity and the urbanization of Jimma can be explained by the story of coffee production and marketing (Yonas, 2016).

Based on the 2013 Census projection by the Central Statistical Agency of Ethiopia (CSA, 2013), the total population of Jimma town in 2019 is 195,228, of whom 97,359 are men and 97,969 are women. With an area of 50.52 square kilometers, Jimma has a population density of 3,864.4 per square kilometer. A total of 52,149 households were counted in the town, which results in an average of 3.74 persons to a household, and 48,625 housing units. The town administration is classified into 13 inner city and 4 outskirt kebeles.

According to Desalew (2015), Horizontal sprawl and expansion of urban center in Ethiopia are characterized by mass displacement of the outskirt ex-farmers from their farmland and consequent fast expansion of squatter settlement. The experience of Jimma town expansion is the same as that of other town in the country. According to Tamrat (2016), out ward expansion of urban settlements and institutions are observed in all corners of Jimma. The weak urban house affordability pushes the inhabitants to the practice of squatter settlement as a normal phenomenon and consequently a source of problem for the town administration. Based on Jimma Municipality (2018), among the 17 kebeles found in the town, the phenomena of squatting is fashionable activity in 8 kebele, which shows how much the problem is widen in the town.

According to Tendayi (2011) cited in Degu et al. (2015), the causes for development and expansion of squatter settlements in urban centers of Ethiopia slightly vary from place to place. In Addis Ababa metropolis (like Bole, Yeka and Kofle Keranio Sub Cities) the main causes is unaffordable land values for the poor; in Adama city, there are limited capacity of local authorities to develop and deliver land to the poor, inefficient land delivery process and poor land administration. The same study found out that, in Bahir Dar city, unaffordable standards, low household income and inability of the poor to save were identified as the leading causes; whereas, in Jimma city the causal factors for the expansion of squatter settlement are high cost of building materials, poverty, corruption, and generally inefficient land administration process.

The response options to the emerging informalization process from state and local authorities have taken a variety of forms. These have often ranged from laissez-faire and co-optation to coercion. Regardless of the response option adopted, the resultant scenario has often taken two forms. On one hand it has resulted in isolation

and resistance and on the other it has resulted in partnerships, cooperation and mutual problem solving. According to Tendayi (2011), the response to squatter settlement taken by the local government in Jimma town are both coercive and co-optation. Formalization of illegal settlements through validation of security of tenure as well as a series of demolitions in the past has been tried. However, demolition of illegal structures is not done consistently, and affected families tend to reassemble and start all over again and also eviction in some cases led to social and political strife. On the contrary, regularization of squatter settlements attracted more informal settlers in the town. Having this general understanding, the researcher is motivated to explore the nature of squatter settlement, its cause and impact on the dwellers and local government in Jimma town.

Objective of the study

The main objective of this study is to explore the causal factors of squatter settlement in Jimma town and its effect on social, economic and institutional conditions of the settler and development of the town. To meet the general objective, this study mainly focused on the following specific objectives:

(1) To examine the practices of squatter settlement in the study area,
(2) To scrutinize causes for squatter settlement in the study area
(3) To explore the consequences of squatter settlement on the squatter and urban upgrading

METHODOLOGY

This study was conducted in purposively selected kebeles of Jimma town, Oromia Regional State. To meet the stated objectives of the study, it was guided by a qualitative research approach. Hence, to collect necessary data from the scratch and to gain deep information qualitative approach is better over quantitative. Regarding the study design, this study employed phenomenological design with cross-section time frame. The necessary data required for this study was gained from both primary and secondary sources. The primary data were collected from key informants and observation through interview guide and checklists; while, secondary data were collected through written documents. It was done first by reviewing literature and other studies. The sources of primary data were Jimma town municipality officials and experts, kebele leaders as well as the squatters were interviewed. Personal observations were made in the selected squatter settlement to understand the animate condition in the setting. Finally data was summarized, analyzed, interpreted and presented in verbal form.

RESULTS AND DISCUSSION

The extent of squatter settlement in the study area

Primary data collected from key informant interview of municipality officials, and kebele leaders indicated that, the extent of squatter settlement in Jimma town is high, in that, it is practicing in 8 kebeles out of 17. This implies that almost 50% of the town kebeles are familiar with the squatter settlement. As indicated by municipality key informants, they define squatter settlement as ‘an illegal holding of land and construction of house in the outskirt areas of the town without any urban plan. The phenomenon is characterized by its unauthorized land holding and construction, absence of infrastructure and basic social service and substandard housing. This shows that the working definition of squatter settlement and its characteristics equates with the definition given by Daniel (2006) and UN-Habitat (2015) as a violation of formal rules about property rights, zoning types and quality of construction. However, UN-habitat definition considers such type of urbanity as a ‘slum’.

Squatting in Jimma town was undertaken in the form of land occupation and land development. According to the key informants from municipality, both government acquiring lands and buying of agricultural lands at the fringes of urban from farmers are the common practices in the town.

According to kebele leaders, the process of construction of squatter house is undertaking over night by using old tin roof to make it as an old house. Due to this, in Jimma town, the price of old tin is much higher than that of new one according kebele officials. They confirmed that the selling price of a single new roof tin in Jimma town is 150 ETB, while the same brand old tins’ price accounts from 175-200 ETB in the town.

Participants in squatter settlement

Squatting as a phenomenon of grabbing residential lands for, is claimed as the act of land less and lower income people in the area. In this regard, the group of people who are engaging in squatter settlement as described by key informants from government office cannot be clearly demarcated by their economic or social status; hence, from the very lower to higher income groups participate in the phenomena but the purpose is different. A key informant from kebele administration illustrated the above idea, that:

“In our kebele, people who participate and owned lands illegally are both those who have residential house in the town as well as homeless and landless people with lower income. He corroborated that, squatter settlement is a matter of land grabbing than problem induced solution for urban residents. People participating in squatter settlements differ in socio-economic status”.

These show that, land, especially urban land, as a scarce resource is demanded by different groups of people irrespective of the income level of competent.

Causes for squatter settlement in Jimma Town

The root causes for squatter settlement in Jimma town are basically two as indicated by the key informants. The first one is shortage of residential house which fits with the urban people and its consequential high price of house rent. The second causal factor is the need of holding large plot of land for the purpose of either having an open space surrounding the residential area or to sell it later to get much profit. These conditions, according to informant from one squatter settlement kebele are initiated from the weak supply of urban land to the urban dwellers for residential houses. He also added that, the practice of land sale by land speculators as a means of making profit heighten the expansion of squatter settlement. Another key informant from Jimma town municipality justified the causal factors that, less government control of open spaces and lack of a comprehensive legal response towards the problem of squatting are identified as causal factors that have contributed to the emergence and spread of squatter settlements in Jimma town. These finding corroborates with the finding of the study conducted by Degu and his colleagues in 2015 in Burayu town and UN-habitat report of 2015 in that, the practice of squatter settlement is not only the result of poverty and low income of squatter household; however, cumbersome procedures, very poor performance of land development and management agency to deliver the land to the applicants and inefficient land administration process are the pressing factors for the growing rate of squatter settlement.

Impacts of squatter settlement on the squatted and Local Government

Data gained from primary sources indicated that squatter settlement has negative impact on the government and the squatter/ resident. According to an informant from one of squatter settlement kebele, squatter settlement creates fear and lack of confidence on the land they hold illegally, which leads to poor infrastructure and social service delivery. Another informant from other corridors of squatter settlement verified that squatting creates social distress within the community by creating uncertainty in their stay, leading to economic crises when demolished. Squatter settlement also displaces the host ex-farmers from their farm land and consequent poverty and livelihood disasters as reported by the key informant form the host community. The social disintegration of settlers from their place of origin like Idir, ekub and family breakdown are other negative impacts of squatter settlement as indicated by key informants. A key informant from Jimma municipality illustrated that: informality leads government to loose income that should be gained from both annual tax and land lease, creates difficulty to upgrade infrastructure and to provide social service; hence, the house is constructed out of or without urban plan. This result confirms the argument of Huskanien (2004) in that, due to constant fear of eviction, the development of urban and investment ought to be hindered. In general, unplanned urban growth leads to long run and complicated problems unless it is managed prior to the phenomena.

Government's intervention in squatter settlement area

Even though the problems are wide and touches large group of people in the town, key informants from Kebele administration forwarded that, some measures were taken to tackle the problem. According to the key informants from the municipality and kebele leaders, formalizing the squatter settlers who were settled before 2012were done by the help of Arial photo. By this action, they reported that, 264 squatter settlers were formalized in one of the study kebele "Mendera Qochi", as indicated by the kebele leader. Demolishing illegal houses which were built after 2012 were the other side of responses taken by the local government on the squatter settlement. However, measures taken by the government were and are full of hindrances as pointed out by the key informants. They elaborated that, the process of formalization of squatter settlements permits only squatters who registered prior to 2012 and legalize only 200m^2 for each settlers. Restriction on the specified size leads grievances and geared towards conflict between squatter and government.

The above data gained from primary sources shows that, the response of government towards squatter settlement is focused on both Formalization and Demolition of the acts. Demolition, employed by the government a response to squatter settlement, conceived by the victims as crises and irresponsible measure. Hence, they claim that, the practice of squatter settlement in the town is not an occasion but seemingly continued from the past. However, government officials overlooked the act and lastly used forceful action. In general, the response of government can be categorized under laissez-faire, co-optation and coercion which were best clarified by Tendayi (2011). Overall, the finding clearly depicts that the general situation of squatter settlement is as a result of land policy and administration failure, hence weak land management and information created an open space and better environment for informality in urban housing in Jimma town.

Conclusion

Rapid urbanization and inadequate capacity to cope with the housing needs of people in urban areas have contributed to the development of informal settlements.

Informality (squatter settlement) is triggered by different factors. There are three views regarding the root cause of squatter settlement in Jimma town based on the findings. The first line of view considered by the town government is that most of the squatter settlement found in Jimma town are not 'poverty driven' in its character. However, people having better income are squatting to the periphery to access large plot of land for recreation. The ex-farmers who live in surrounding town transfer parcel of their land to the third party due to fear of eviction from their land by municipality, either by informal marketing or distributing their farm lands to their family and relatives to construct informal houses.

The other view generally perceives that informal settlement is driven by poverty and housing problem. The assumption is that the land value in a formal way is higher to access and time consuming. On the other hand, the house rent value increases quickly. To escape from this problem, the lower income groups are choosing squatter as a solution. The third view is that, the causes for squatter settlement is poor land administration system. The inability to afford sufficient land for the dwellers, poor performance of land development and management, the absence of clearly demarcated land ownership right created an open space for squatter settlement. Entirely, the cause for squatter settlement are multi-faceted but can be managed under the poor land administration system that hinders access to residential land and control informal land marketing.

Measures dealt with challenges posed by informality in Jimma town can be also categorized into three. The first category is laissez-fair which left the phenomena as it is going on. Such measures were also implemented in the town at the early stage of squatting. Uncontrolled expansion of squatter settlement on the open space and urban fringe ex-farmers land were the result of such measure. The second measure is coercion in which using bulldoze or law in demolishing and relocating of the squatter. It was implemented in the town but created a political strife and economy damage. The third category is co-optation. It is a form of upgrading the squatter settlement by ensuring security of tenure for the property owner in the settlement. Such measure removes the fear of perpetual ejection and creates an interest to invest in the improvement of the house and their environment. This measure was also implemented by the government but the process of implementation is bounded by law and created unfairness.

In General, the response to problem was not clearly identified as which measure best fits with the context of Jimma. The entire measures were taken even at the same time. As a result the extent of squatter settlement in the town is rather declining. The socio-cultural misfortune of settlers in the new setting is another concealed but tensioned aspect of squatter settlement. The absence of community based institutions (Iddir and Ekub) and formal work setting weaken the interaction of residents in the community.

Recommendations

The appropriate handling of squatting activities requires a lot of political will, proper urban land administration and use system and financial commitment of the government as well as active participation of the public.

(i) Political will is essential in order to embark on land reform that will not put the urban poor at a disadvantaged position with regard to access to residential land.
(ii) Participatory upgrading of squatter settlement is vital. Virtually, government cannot fulfill the development demand of citizen in all areas as soon as possible, so that communities' involvement in squatter upgrading should be recognized and mobilized.
(iii) Inefficiency of urban authorities, along with poor land management practices and inadequate urban planning schemes should be solved by creating multi-sectorial and comprehensive urban planning approach with clear mandate analysis.
(iv) The right of citizen accessing a residential area should be respected. To do that, the approach of leasing of urban land should be seen critically because the current practices of land lease favors free competition which exclude economically poor from the game; hence, their purchasing power is lower than that of the rich.
(v) Fair compensation to the periphery rural land by municipality can minimize illegal market of land surrounding urban outskirt.
(vi) The response to already existing squatter should stick to co-optation; hence it encourages collaborative effort in seeking solution to the problem.
(vii) The enhancement of infrastructure and social service delivery institutions should be intervened by the government without marginalization. This can create a social harmony among the residents and ignite a way to form both formal and informal social institutions in their physical setting.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

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What does a transformative organization culture look like?

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The author draws attention to the global, national and scholarly calls for transformative leadership to successfully navigate the dynamic and disruptive conditions of the 21st Century. Conventional leadership models used to navigate stable environmental conditions may not keep organizations operating optimally in a chaotic environment. The author argues that since environmental change is here to stay, organizations need to develop the character to keep transforming and aligning themselves to the changing environment. The writer proposes that organizations need to adopt a transformative culture to survive the present and thrive in future. This article explores published scholarly literature on the principles put forward by transformative leadership proponents to extract operations that form the basis of a transformative organization culture. It distils the transformative leadership operations an organization needs to equip itself to successfully navigate dynamic environmental conditions. The article suggests that transformative leadership operations equip an organization to harness staff engagement, embrace change and spur creativity in the pursuit of corporate goals in a complex environment. The author further suggests that transformative leadership operations ensure that an organization remains internally updated and prevent systems decay. Thus, a transformative organization culture equips an institution with the inbuilt capacity to respond to environmental change. This paper provides a knowledge framework to guide institutional leaders and management teams to promote a transformative organization culture.

Key words: Transformative culture, transformative leadership operations, transforming organizations, transformative leaders, organization culture, corporate transformation, change management.

INTRODUCTION

The global environment of the 21st Century is dynamic and fast paced. The rate of change of the business environment has been accelerated by access to information, ease of travel and availability of production technology. However, while these changes have advanced and enhanced the way organizations are run, there are also disruptive and unpredictable events that have caused businesses to make adjustments to keep up with the ever changing environment. The end of the stable business environment era means that organizations have to keep adjusting to keep up with environmental change. In order for an organization to

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Table 1. Global transformative environment hierarchy

Level	Transformative strategy
Global	SDGs, Agenda 2063
National	National Transformative Visions
Organization/Institution	?
Leaders	Transformative leadership theory

Survive and thrive it must remain relevant and responsive to the changes taking place in its environment. The only way for organizations (business vehicles) to survive is to keep transforming themselves in spite of these evolving global challenges (Faeste and Hemerling, 2016).

The global goal environment is characterized by stratified transformative expectations of organizations on multiple levels. The United Nations Sustainable Development Goals, SDGs ensure a focus on global transformation into the 21st Century (United Nations, 2015). The launch of the African Union Agenda 2063 "The Africa we Want" (African Union Commision, 2015), inspires a 50-year transformative vision to reposition Africa as a frontline player in global affairs. Several African nations have transformative development visions in place to spearhead the transformation of their nations by the year 2030. These include Kenya (Government of Kenya, 2007), Egypt (The Arab Republic of Egypt, 2005) and South Africa (Republic of South Africa, 2012). These initiatives have set in motion a clear transformative agenda at the global, continental, national and industrial level of engagement.

One way in which transformation has been achieved in organizations is through the adoption of transformative leadership. However, this has meant that organizations have had to search for transformative leaders to direct transformation initiatives. The Sunday Nation (Nation Newspapers, 2013) published a feature publication celebrating the success of transformative CEOs leading the turnaround and regeneration of their organizations. This recognition suggested that these CEOs had transformative skill sets, competencies and know-how to facilitate and change the character of non-performing organizations into successful corporations. Nonetheless, this begs the question as to whether it is only transformative CEOs that can lead successful change or whether an organization can create and sustain successful transformation in a dynamic environment by adopting a transformative culture?

The turn of the century has seen scholars highlight the need for new leadership theory in the face of dynamic environmental challenges. Citing discontent with global leadership and corporate organization performance in recent years, Caldwell et al. (2012) call for a new ethical form of leadership called transformative leadership. These scholars celebrate the transformative leadership of Nelson Mandela, Martin Luther King, Mahatma Gandhi and others. Montuori (2010) citing shifting socio-economic conditions, suggests that a transformative leadership approach rather than conventional, normative practices are required to embrace and successfully navigate the dynamic and chaotic challenges of the 21st century. While the theory of transformative leadership is new and appears to still be in its evolutionary stages, organizations urgently need to respond to global demands to keep pace with rapidly changing dynamic environmental conditions.

From the introduction it is clear that the global environment acknowledges the need for transformative action and indeed the Global SDG (United Nations, 2015) and the Africa Agenda 2063 (African Union Commision, 2015) alongside multiple other environmental initiatives demonstrate an urgency for transformation. At the national level, multiple countries have responded to internal and external drives to reposition their countries by developing and implementing long-term transformative strategic plans that stretch beyond the terms of the political leaders and the various administrations of those governments. In other words, these nations have institutionalized transformation and transformative leadership as national policy. Transformative leaders are also recognized, celebrated and highly sought after for their transformative capabilities. Along with the global expectations there is a developing body of knowledge that supports transformative leadership as an approach that responds to the expectation of leaders in the context of the disruptive 21st Century environment (Caldwell et al., 2012; Shields, 2011; Montuori and Donnelly, 2017).

Problem statement

However, do we have to wait for a transformative leader to come and "transform" organizations or can organizations adopt a transformative culture that ensures the organization remains relevant in its environment? If so what is the character and operations of a transformative culture? In other words, this paper asks the unanswered question, what does a transformative organization culture look like? In answering this question, the author suggests that organizations can equip themselves to respond to the demands for transformation and navigate the challenges of a dynamic environment by adopting a transformative culture. Table 1 shows a know-

Table 2. Leadership perspectives vis transformative leadership.

Leadership perspective	Contribution to transformative leadership
Transformational	Pursue the synergistic interests of both employees and the organization
Charismatic	Inspire a shared vision in pursuit of a grand ideal and create a personal relationship to bring out the best in others
Level 5	Treat people fairly, give them credit for their achievements, and support them wisely to help them to achieve organizational greatness
Principle centered	Achieve greatness by adhering to moral principles and values that benefit society in the pursuit of excellence
Servants	Serve employees and demonstrate a commitment to their welfare, growth, and wholeness while seeking the long-term success of the organization
Covenantal	Pursue truth, constantly learning and providing a learning culture

Source: Truett S. Cathy as an embodiment of transformative leadership in Caldwell et al. (2012: 183).

how gap in the implementation of transformative strategy at the organization level. Filing this gap will avail institutional leaders and managers with knowhow to transform their organizations by adopting a transformative organization culture.

It is clear that the global agenda for transformation has been set and that environment turbulence has increased. While specific leaders and leadership practices have been identified as being capable of bringing about organization change, how can we guarantee that such change remains sustainable beyond the term of service of an individual leader? This study suggests that organizations which have an inbuilt transformative culture should be able to sustain transformation beyond the term of a leader and facilitate the emergence of transformative leadership as an organization competence. By defining the operations of a transformative culture, this study seeks to empower all organizations to independently pursue and achieve successful transformation.

MATERIALS AND METHODS

The study undertook a qualitative content analysis and thematic literature review of scholarly theories of transformative leadership published 2010 and later using grounded theory to extract transformative leadership operations based on the core themes emerging from the texts of each publication. The study compared the eight transformative leadership operations with the characteristics of contemporary types of organization culture. The study then sought to position transformative leadership operations within the context of the known types of organization culture to establish a best fit.

RESULTS

Caldwell et al. (2012) describe transformative leadership in their article as a "*new* transformative leadership model". Defining it as "an ethically based leadership model that integrates a commitment to values and outcomes by optimizing the long-term interests of stakeholders and society and honouring the moral duties owed by organizations to their stakeholders" (Caldwell et al., 2012). It draws on six leadership approaches, namely: transformational leadership (Burns, 1978), charismatic leadership ability (Bass, 1985), level 5 leadership (Collins, 2001), principle centred leadership (Covey, 1991), servant leadership (Greenleaf, 2003) and covenantal leadership (Senge, 2006). Caldwell et al. (2012) describe the key characteristics each perspective contributes to transformative leadership in Table 2.

This study develops the concept of the leader as the hero or organization saviour and gives examples of the "unique leadership" of Mother Teresa, Nelson Mandela and Martin Luther King as nodes of excellence to which transformative leaders should aspire. This model is highly leader centred, but does provide valuable insight on the themes transformative leaders impart in organizations where they serve. Nonetheless, the transformative themes emerging from this model include having, (a) ideology; ethics, principles and values, (b) individual transformation, (c) sensitivity to organization and environmental issues, (d) strategic thinking, (e) service and stewardship, (f) results oriented management, (g) charismatic appeal, (h) creativity and innovator, (i) embracing change and (j) installing excellence.

Shields start by discussing "transformative leadership" as a descriptive title of a process in the context of social transformation incorporating the themes of social justice, democracy and equity reform (Shields, 2011). The salient aspects of transformative leadership include "deconstructing and reconstructing knowledge frameworks" (Shields, 2011). In describing that it is important to focus on what "is", rather than what one "would like", this study suggests that the transformative leader is a practical and perhaps

pragmatic, non-idealistic individual who is able to isolate and tackle organization issues as they are in order to create "excellence with equity, inclusion and justice" (Shields, 2011). Shields (2011) goes on to describe the implementation of transformative leadership in the institutional, employee equity and political context in search of and in the creation of a new socially just environment and makes a clear distinction between transactional, transformational and transformative leadership (Shields, 2011). The following transformative themes were drawn from this model, (a) democracy, (b) deconstructing and reconstructing knowledge, (c) values and beliefs, (d) practical and pragmatic, (e) excellence, (f) holistic organization outlook, (g) courage, and (h) advocacy.

Shields (2011) also offers the following as tenets of transformative leadership; "(1) acknowledging power and privilege, (2) articulating both individual and collective purposes, (3) deconstructing social-cultural knowledge frameworks that generate inequity and reconstructing them, (4) balancing critique and promise, (5) effecting deep and equitable change, (6) working towards transformation: liberation, emancipation, democracy, equity, and excellence, and (7) demonstrating moral courage and activism" (Shields, 2011). These tenets enable organizations to operationalize transformative leadership culture.

Langlois (2011) provides an ethical frame of reference in which the leader engages within an organization to administer, communicate and introduce innovation as they challenge existing codes, rules, customs and norms. Indeed, by suggesting different ways of doing things, transformative leaders challenge established ethical barriers and cultures that do not allow for contrary, conflicting or constructive thinking simply because they may not have been asked of the people before. While people are comfortable to operate in the security of the ethical frames they know, are familiar with, and are limited to-in the present, the same also hinder their ability to change and advance as individuals and as organizations. Thus, formal (and informal) ethical resistance to positive change is a key concern to overcoming organization inertia to resist change. Langlois (2011)'s work suggests that transformative leaders have to address organization culture in such a way as to release withheld potential. Transformative leadership takes a teleological view of ethical decisions while normative practices focus on deontological perspectives of rules that define the right and wrong way of doing things. While transformative leaders argue that goals justify the means, that same process removes the feeling of security for those who operate within the existing rules and regulations. The transformative leader needs to gently advance the greater good and works on building staff confidence to participate in the process of transforming the organization and adjusting their individual behavior to become agents of change (Langlois, 2011). Transformative leadership "requires a language of critique and possibility" and the introduction of "transformative conversations" to raise staff to new empowering and liberating levels of engagement. Transformative leadership calls for: reflection (sensitivity/ consciousness) and action (ethics of critique). Langlois (2011) draws attention to the following core transformative themes, (a) Importance of navigating or changing ethical frames, (b) willingness to stand alone, (c) theory of critique, (d) concept of possibility, (e) transformative agent or agency, (f) transformative conversations, (g) importance of walking together in the corporate journey to transformation.

Montuori and Donnelly (2017) define transformative leadership at its heart as a "participatory process of creative collaboration and transformation for mutual benefit". However, they suggest that transformative leadership is a role and a participatory process that can be engaged and installed at any level of organization. The authors describe its key concepts as "being, relating, knowing and doing" suggesting that transformative leadership is a process in which everyone can and has the ability to lead one aspect or the other of organization life. The authors discuss a "transformative moment" as an opportunity for the establishment of a new future reality (Montuori and Donnelly, 2017). Transformative leadership challenges traditional and normative simplification thinking and embraces complexity, ambiguity and uncertainty guided by values and overall vision. The authors suggest that the process of reflection can lead to the development of practices that lead to growth. The authors suggest that transformative leadership is a suitable approach to addressing and navigating the unstructured and the unfamiliar to create the desired end transformation (Montuori and Donnelly, 2017). From these authors, the following transformative themes were drawn: (a) participatory process, (b) creative collaboration, (c) flexible leader/follower roles, (d) embracing complexity, ambiguity and uncertainty, (e) values, (f) envisioning alternatives and possibilities (g) cultural diversity, and (h) ideation (new ideas).

Keeney (2010) shares the psycho-spiritual, sensual, social perspective of transformative leadership through the cultural lens of the Bushmen community. In this culture, chaos is seen as the norm and a generalizable construct is viewed as a limitation. Creativity is focused on generating outcomes rather than observing specific procedural excellence. The guiding principles of transformative leadership culture are (1) ownership of the universal life force, that may be interpreted as being at one with nature, (2) theories and models evoke possibilities rather than represent generalizations, (3) shaking of assumptions, ideas and ideals in order to bring forth more possibilities and creative influence, (4) more absurdity and less seriousness. Being overly serious is toxic to creativity and healthy social interaction, (5) leadership is momentary and not fixed. It is shared and

Table 3. Transformative leadership principles and cultural themes.

Operation	Cultural themes
Inclusion and participation	Engaging all members in recognized roles and responsibilities that lead directly to the attainment of organization goals. Celebrating diversity and interdependence
Creative inquiry and innovation	Habitual creative reflection, adjustment, improvement and innovation of organization processes, evoking possibility, creativity, enterprise
Engaging the environment	Ability to challenge and push boundaries and limits of internal paradigms and external barriers to growth, thus continuously creating a new operating environment. Embracing nature, collectivism & community
Integrity and ethics	Exhibition of superordinate virtues, values and ethics guiding participation and pursuit of organization goals. Spirituality, Questioning assumptions and reality. Favors consensus & solidarity
Spirit of aspiration	Always examining the prospect of possibility and pioneering opportunity to create a new reality. Improvisation & transformation
Excellence and mastery	Operational excellence, open to new learning and adoption of new ideas mastery and modelling
Transcendent leadership	Courageous, flexible, collaborative, sharing of leader/follower roles. Shared leadership and vision transcending dichotomy.
Embracing change and challenge	Results oriented, transformative agency, embracing complexity, ambiguity and uncertainty in driving change absurdity and corporate growth

pragmatic, non-idealistic individual who is able to rotational, much as an expert is assigned to a task and surrenders the leadership role once the task is complete, (6) embracing and transcending dichotomy and differences, promoting both differentiation and integration, (7) mastery of improvisation and creativity in the same way as a musician is able to self-correct and create new jazz sounds in one musical motion (Keeney, 2010). Key transformative themes derived from this model include: (a) spirituality, (b) evoke possibility, (c) questioning assumptions, (d) acceptance of absurdity, (e) shared leadership, (f) diversity, (g) transcending dichotomy, (h) improvisation, (i) creativity, (j) mastery, and (k) embracing nature.

Ncube (2010), explains that Ubuntu, an indigenous African philosophy, has the capacity to successfully facilitate transformative leadership by (1) modelling the way, (2) communal enterprise and shared vision, (3) change and transformation through consensus rather than democratic polling, (4) interconnectedness, interdependence and empowerment of others, (5) collectivism and solidarity where the whole is greater than the sum of its parts, and (6) continuous integrated development where everyone grows from experience. The transformative themes drawn from this philosophy are: (a) modelling, (b) community, (c) enterprise, (f) transformation, (g) shared vision, (h) consensus, (i) interdependence, (j) collectivism, (k) solidarity, and (l) corporate growth.

Table 3 is a summary of the transformative leadership operations that emerge from the transformative themes extracted from the six published authors of transformative leadership theory.

Organization theory

Daft (2010) defines an "organizations as: (1) social entities that, (2) are goal-oriented, (3) are designed as deliberately structured and coordinated activity systems, and (4) are linked to the external environment". This definition emphasizes that organizations have their own internal ecosystems operating in larger ecosystems. The internal and external environments are interconnected and relate one to another. One cannot define an organization without describing where it is housed. This suggests that if the "housing" changes, then the organization too must change in order to continue existing in that environment. The key elements of an organization are the people and the nature of the structured relationship they have with one another in those organizations. This observation highlights the dynamism of organizations and the need to continuously evolve to remain relevant. Transformative leadership ensures that an organization remains in touch with its environment.

Structure

Robbins et al. (2009) argue that "the specific effect of structural designs on performance and satisfaction is moderated by employees' individual preferences and cultural norms". This quote

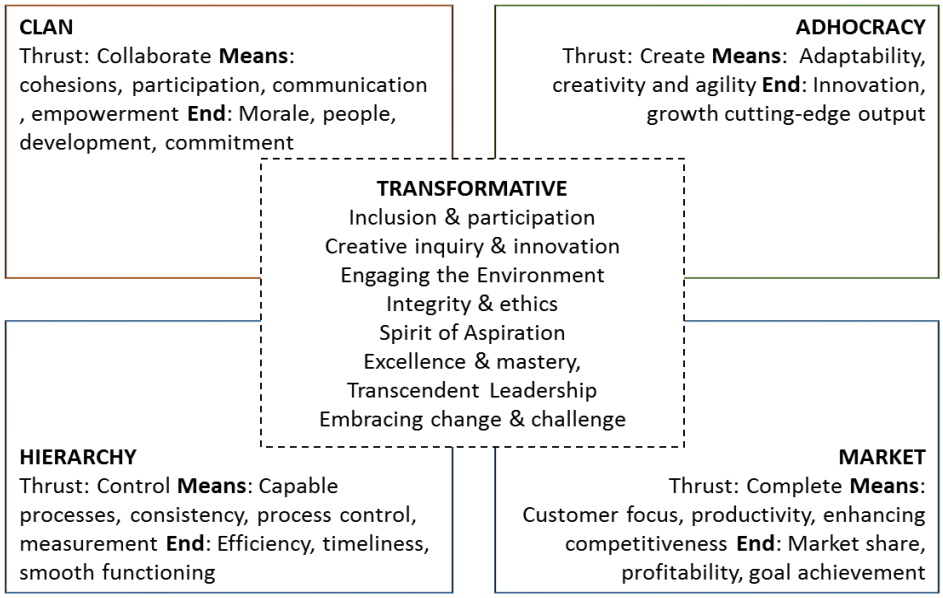

Figure 1. Organization cultures.
Adapted from Kreitner and Kinicki (2010).

suggests that culture is an influential aspect to consider when looking for ways to promote staff engagement and participation in organization goals and growth initiatives. Nonetheless, these authors describe four main organization designs that managers use to drive organization performance. These are the team structure, empowered, virtual and boundary less organizations. There are three stages to motivating people to higher performance in organizations. These are getting them to participate, involving them and empowering them. This process requires participation.

This is an operation that is advocated by transformative leadership theorists. This means that employees are involved in company decision making and setting organization business goals including strategy to promote ownership and understanding of organization operations. Organizations that may wish to implement transformative leadership operations need to evaluate whether their organization structures, systems and set up will allow the organization to benefit from heightened employee engagement or whether their structures actually dampen employee participation in organization pursuits.

Culture

Robbins et al. (2009) further define culture as, “organization culture refers to a system of shared meaning held by members that distinguishes the organization from other organizations”. The authors go further to explain that organization culture is based on seven primary pillars. These are (1) innovation and risk taking, (2) attention and detail, (3) outcomes orientation, (4) people orientation (5) team orientation, (6) aggressiveness and (7) stability. These factors operationalize culture in organizations and the degree to which they are practiced creates a difference between organizations. Kreitner and Kinicki (2010) describe organization culture as “the set of shared, taken for granted implicit assumptions that a group holds and that determines how it percieves, thinks about, and reacts to its various environments”. This definition contextualizes an organization within an external environment, but also suggests that it regulates its internal environment as well. The authors explain four functions of organization culture as organizational identity, collective commitment, social system stability and a sense making device. It would appear that members of an organization turn to culture when they need validation, support and acceptable reason for their actions and may even use culture to justify their actions, “that is the way we do things around here”. The authors further define four broad catergories of organizaiton culture as, (a) clan culture that promotes collaboration and cohesion and commitment among the people, (b) adhocracy culture that is creative adaptable and agile promoting innovation and growth, (c) hierachy culture that emphasises control, process measurement and effciency and (d) market culture emphasising competition, customer focus productivity and achievement. By situating the operations of transformative leadership in the cultural model provided by kreitner and Kinicki (2010), it was found out that a transformative organization culture draws from all the four forms (See Figure 1).

While noting that “organizational cultures are a vital part of any company’s environment and provide

employees with the necessary tools to integrate themselves into the overall organization dynamic" (Guillaume and Austin, 2016), these authors point out the need for strong cultures for employees to work cohesively through seasons of change. This aligns with the participatory character of transformative leadership operations. Nonetheless, the authors note the complexity of evaluating organization cultures as they involve systems and values inherent and passed on in an organization. The authors suggest that organizations need to create a functional and efficient culture to transform itself. It would also be important to align organization behavior with an institutions vision and mission and published values. This observation suggests that if an organization engages transformative leadership operations it may be able to narrow the gap between its stated vision and mission and its current culture. In helping to align culture with corporate values, transformative leadership operations would be advancing the organization goals (Guillaume and Austin, 2016).

In their article, Dhiman et al. (2019), suggest that "diversity" is a solution to employee engagement and participation. They suggest that organizations "suffer from diminishing team spirit and loss of morale" when they fail to engage learning and creativity which are operations promoted by transformative leadership practices. The authors state that "leaders need to recognize how collective engagement in a transformed environment of respect for diversity can uplift the organization". This understanding further suggests that transformative leadership operations in an organization re-energizes the pursuit and achievement of corporate goals (Dhiman et al., 2019).

Leadership in organizations

Management teams use various leadership approaches to execute their role of running the operations of an organization. Whereas "leadership" and "management" are often used interchangeably, we mention "management" with regards to the personnel overseeing operations and "leadership" with regards to the approach these personnel use to oversee operations. However, transformative leadership is not the only form of leadership expression in an organization context. Others include the traits approach, leadership styles, situational and contingency approaches, transformational leadership, inspirational leadership, servant leadership among others (Mullins and Christy, 2010). The trait approach assumes that leaders are born with natural talents and gifting and therefore leadership emerges from their personal traits and talent. This form of leadership plays out in organizations in the differential natural strengths and weaknesses among managers and leaders in organization context. The functional approach assumes that leadership can be learned and exercised with in a group. This form of leadership will find expressions in the organization context because there are people involved. Leadership styles vary as managers adopt the traditional authoritative or democratic styles of leadership in challenging, motivating and facilitating employee performance. The situational leadership approach differs in implementation depending on the situation. In this approach, leaders may be seen to act "inconsistently" in different situations and as determined by the situation. Transformational leadership is an empowering form that raises the morale and motivation of employees to participate in organization endeavors. There are other theories of leadership that influence the practice of leadership in the organization context such as LMX, and path to goal and team leadership (Northouse, 2016). Various aspects of these leadership, approaches styles and theories will be in evidence to various degrees and extent in all organizations and therefore all approaches need to be recognized as competing for space and expression within organization contexts

Whereas the authors of transformative leadership theory suggest different principles, the eight core operations distilled in this paper are an expression of transformative leadership in practice. The high expression of transformative leadership operations indicates the vibrancy of a transformative culture. Thus while the expression of leadership approaches may depend on the leadership style adopted by the leader, this study argues that the adoption of transformative leadership operations generates a transformative culture. Thus a transformative leadership culture is achievable by either adopting transformative leadership operations which ingrain a transformative culture or by the appointment of a transformative leader who implements transformative operations (Bukusi, 2020). Transformative organization culture can emerge from these two standpoints.

DISCUSSION

In theory, it is possible to introduce, advance or create a transformative organization culture by adopting the eight transformative leadership operations. The characteristics (operations) of a transformative organization sit more or less at the center of existing organization culture theory. However, Kotter (1995) points out that organization transformation efforts fail because of not having a clear change leadership strategy. Thus, it would be important to have a systematic, structured method of introducing transformative leadership operations superintended by a leader or management team.

This study suggests that a transformative organization is one that has a vibrant transformative culture characterized by transformative leadership operations. A transformative culture equips an organization to (1) remain relevant in the larger ecosystem by aligning itself to environmental changes, (2) ensure its own

sustainability by responding and adding needed value to the external environment, (3) develop its ethical systems and structures to support evolving service delivery, and (4) embrace change as it transforms itself to fit into its evolving environment. Transformative leadership operations equip an organization culture to effectively meet and navigate a dynamic environment.

Ideally, organizations are a melting pot of dynamics that determine the dominant culture expressed by an organization. Organizations that are market driven are not totally free of hierarchy, neither do adhocracies completely dispense of clan competencies. Organizations attract people of different cultural backgrounds that add local dynamics to organization context (Williams, 2001). Organizations cultures are influenced by their industries and resources bases, operating structures and multiple individual leadership styles and management approaches an organization may adopt (Northouse, 2016: pp. 427-465). With this in mind the process of developing, sustaining and establishing a transformative culture is a complex process that will take dedicated effort from knowledgeable transformative leadership teams. The process cannot be left to one individual, but rather calls for the attention and participation of every member of an organization.

The four traditional forms of organization culture discussed earlier are viewed in terms of their dominant or static nature, orientation or character (Kreitner and Kinicki, 2010). However, transformative culture is by nature dynamic. This would suggest that it remains flexible, responsive and creative in the way in which it responds to environmental change. Another way to look at the nature of a transformative culture is that it adopts and adapts needed competencies from each of the four cultures as and when needed. A transformative culture may also exercise a cyclic dynamism adopting characteristics that relate to a clan culture, then to an adhocracy, a market driven culture and finally to a hierarchy before dissolving back to a clan cultures for the next cycle of organization development.

Organizations may be convinced to adopt a transformative culture if it promises to enhance organization performance, productivity, performance and organization health. Organizations need to be convinced of the need to change and must also be able to access and accrue the benefits of that change. However, “managers do their work in an organization which is a consciously coordinated social unit, composed of two or more people, that functions on a relatively continuous basis to achieve a common goal or set of goals” (Robbins et al., 2009). From this role definition it is clear that managers play a central role in organization productivity, performance and serve as gatekeepers to organization culture. Managers may accelerate or decelerate the impact of transformative leadership operations and thus regulate both performance and productivity. It is therefore critical for managers to be knowledgeable on how to facilitate transformative leadership operations to ensure its success.

Conclusion

This study has positioned transformative leadership operations within the context of organizations culture. Though there is need for empirical studies in this area to refine the proposed model, managers have been identified as gatekeepers and key facilitators of transformative operations. Managers are therefore the key target consumers of the findings of this study when it comes to operationalization of transformative leadership in an organization. The adoption of a transformative culture equips an organization to constantly challenge its internal efficacy and enables it to remain updated to successfully navigate a dynamic and ever changing environment.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests

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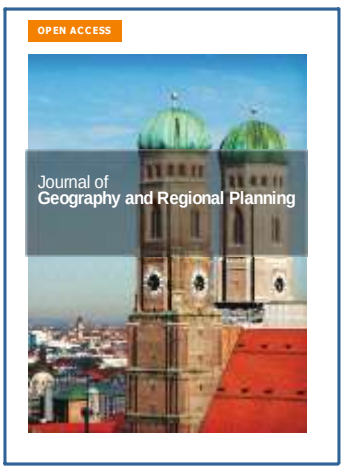
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